

County: Sauk
ST. CLARE MEADOWS CARE CENTER
1414 JEFFERSON STREET

Facility ID: 4650

Page 1

BARABOO 53913 Phone: (608) 356-4838
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 102
Total Licensed Bed Capacity (12/31/01): 102
Number of Residents on 12/31/01: 102

Ownership: Non-Profit Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 100

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		40.2
Supp. Home Care-Personal Care	No					1 - 4 Years		42.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.0	More Than 4 Years		17.6
Day Services	No	Mental Illness (Org./Psy)	11.8	65 - 74	7.8			-----
Respite Care	Yes	Mental Illness (Other)	1.0	75 - 84	28.4			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	47.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	15.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.9		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	4.9		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	16.7	65 & Over	99.0	-----		
Transportation	No	Cerebrovascular	17.6		-----	RNs		13.3
Referral Service	Yes	Diabetes	7.8	Sex	%	LPNs		5.3
Other Services	No	Respiratory	5.9		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	30.4	Male	19.6	Aides, & Orderlies		
Mentally Ill	Yes		-----	Female	80.4			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)					
Int. Skilled Care	1	8.3	236	1	1.6	124	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.0
Skilled Care	11	91.7	236	58	95.1	106	0	0.0	0	29	100.0	152	0	0.0	0	0	0.0	0	98	96.1
Intermediate	---	---	---	2	3.3	87	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		61	100.0		0	0.0		29	100.0		0	0.0		0	0.0		102	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	1.6	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.8	Bathing	0.0	33.3	66.7	102
Other Nursing Homes	3.3	Dressing	2.9	79.4	17.6	102
Acute Care Hospitals	87.0	Transferring	19.6	55.9	24.5	102
Psych. Hosp. -MR/DD Facilities	1.6	Toilet Use	14.7	59.8	25.5	102
Rehabilitation Hospitals	0.8	Eating	70.6	27.5	2.0	102
Other Locations	4.9	*****				
Total Number of Admissions	123	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	8.8	Receiving Respiratory Care		12.7
Private Home/No Home Health	14.9	Occ/Freq. Incontinent of Bladder	68.6	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	24.0	Occ/Freq. Incontinent of Bowel	34.3	Receiving Suctioning		0.0
Other Nursing Homes	2.5			Receiving Ostomy Care		1.0
Acute Care Hospitals	5.8	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		27.5
Rehabilitation Hospitals	1.7					
Other Locations	12.4	Skin Care		Other Resident Characteristics		
Deaths	38.8	With Pressure Sores	4.9	Have Advance Directives		90.2
Total Number of Discharges		With Rashes	3.9	Medications		
(Including Deaths)	121			Receiving Psychoactive Drugs		48.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.0	92.7	1.06	84.1	1.17	85.8	1.14	84.6	1.16
Current Residents from In-County	94.1	74.5	1.26	79.3	1.19	69.4	1.36	77.0	1.22
Admissions from In-County, Still Residing	31.7	27.9	1.14	25.5	1.24	23.1	1.37	20.8	1.52
Admissions/Average Daily Census	123.0	95.2	1.29	110.2	1.12	105.6	1.16	128.9	0.95
Discharges/Average Daily Census	121.0	95.2	1.27	110.6	1.09	105.9	1.14	130.0	0.93
Discharges To Private Residence/Average Daily Census	47.0	31.4	1.50	41.2	1.14	38.5	1.22	52.8	0.89
Residents Receiving Skilled Care	98.0	91.4	1.07	93.8	1.05	89.9	1.09	85.3	1.15
Residents Aged 65 and Older	99.0	97.3	1.02	94.1	1.05	93.3	1.06	87.5	1.13
Title 19 (Medicaid) Funded Residents	59.8	64.2	0.93	66.9	0.89	69.9	0.86	68.7	0.87
Private Pay Funded Residents	28.4	29.6	0.96	23.1	1.23	22.2	1.28	22.0	1.29
Developmentally Disabled Residents	0.0	0.7	0.00	0.6	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	12.7	36.0	0.35	38.7	0.33	38.5	0.33	33.8	0.38
General Medical Service Residents	30.4	21.3	1.43	21.8	1.40	21.2	1.43	19.4	1.57
Impaired ADL (Mean)	53.1	49.0	1.09	48.4	1.10	46.4	1.15	49.3	1.08
Psychological Problems	48.0	50.2	0.96	51.9	0.93	52.6	0.91	51.9	0.93
Nursing Care Required (Mean)	6.3	7.5	0.83	7.5	0.83	7.4	0.84	7.3	0.85